

thesia, tache cerebrale, stiffness of the neck ; the only symptom wanting to complete the picture was fever. She made an excellent recovery in a few days. The second case was a man of 26 years, described as not hysterical. The meningitis here followed a violent emotion, the patient having been falsely accused of theft from a shop in which he was employed. Some ten days after he was admitted to the hospital, with stupor, prostration, a countenance like a patient suffering with meningitis, epigastric pain, vomiting, foetid breath, loss of appetite, hyperæsthesia, constipation and retention of urine. There was no stiffness of the neck, and no fever. He had nocturnal delirium, great feebleness, and became extremely emaciated. After being three weeks in the hospital, he seemed of a sudden to awake from a dream, spoke naturally, and took food, and in fifteen days left the hospital perfectly well. These cases are not unlike the occasional ones, where the invasion stage of typhoid simulates meningitis. *Le Med. Mod.*, Dec. 28, 1895.

MITCHELL.

Late Appearance of Traumatic Myelitis. Dr. de Grand Maison describes two cases of slow development of myelitis

some years after traumatism. The first case, a man with no history of specific or other serious disease, had a fall in descending a ladder during the summer of 1889, when he was 51 years of age. The lumbar region was somewhat bruised, and the spinous processes no doubt sustained contusions in the fall. He had severe lumbar pains for several days, but after this, for nearly a year, was quite free from pain, and it was not until the end of 1892 that his state became troublesome. At this time he had violent, even lightning pains, increased by walking or by other effort. He had difficulty in walking, staggered, and could not raise his feet from the ground. When seen by Dr. de Grand Maison in June, 1893, he was unable to stand alone, could scarcely raise his feet when standing, and even when seated found himself unable to move the lower limbs. The knee jerk was greatly exaggerated. There was no disturbance of sensation except a slight lessening of sensibility in the whole of the legs. Pressure upon the spot supposed to have been injured by the fall gave lively pain. In spite of treatment the patient's condition continued to grow worse ; within a month he had to take to his bed, and began to have crises of dyspnœa, and even during the intervals between the attacks, breathed with a certain difficulty. A bed-sore developed upon the sacrum, and rapidly extended. The bladder and rectum lost power, the legs become extremely atrophied, and while the dyspnœa disappeared, a tachycardia took its place. The patient died of exhaustion in the latter part of September, four years after the injury.

A second case, very similar in character, and of about the

same duration, is also reported. This patient had fallen down a flight of stone stairs, striking his back in the neighborhood of the sacrum. He had some pain immediately afterwards, which presently disappeared, and it was not until nearly six years from the date of accident that his condition was sufficiently bad to require medical attention, when he was found to have a state almost precisely like that of the patient already detailed—pains and other symptoms indicating a lesion of the cord. This patient also died, with symptoms analogous to those of the previous one. No post-mortem was held in either case, but the symptoms pointed sufficiently clearly to a combined sclerosis, affecting both the anterior and posterior columns. (*Le Med. Mod.* Dec. 25, 1895.)

The reporter has given details of cases of similar results following many years after injuries of apparently slight character to the cord. One patient, who had a blow in the lumbar region from a heavy weight, suffered from no serious after effects until more than twenty-five years had passed, when he began slowly to develop lightning pains, stiffness, difficulty in walking, and finally a meningo-myelitis, which ascended the cord, evidently starting from the seat of the old hurt. ("Late Consequences of Injuries of Nerves," by J. K. Mitchell.)

MITCHELL.

***Landry's Paralysis
With Lesion of the
Medulla.***

At the Soc. Med. des Hôpitaux, October 25, 1895, Dr. Ballet reported the examination of a case of Landry's paralysis with lesion of the medulla. The patient was thirty-three years of age, not syphilitic, but a determined drinker. He had had grippe in May, 1895, and his nervous affection began suddenly on the 11th of June following. He died upon the night of the 17th of the same month, and at the autopsy a myelitis was found which occupied the entire extent of the cord. Dr. Ballet insists upon the following special points: The enormous vascularity of the cord, especially in the anterior cornua, quite analogous to that which is seen in infectious experimental myelitis. The cells had suffered various degrees of injury. The chromatophile granules had disappeared; the prolongations of the cells were either absent or somewhat broken, and the cell itself was often only a granular mass without any nucleus. There were also lesions of the anterior roots and of the peripheral nerves, on which, strangely enough, no stress is laid by the observer. Obviously, this was a case of Landry's paralysis due to an ascending myelitis. The point of importance, however, is, what was its origin? A bacteriological examination was made of the cerebrum and bulb only, and these gave negative results. We are, therefore, thrown back upon the possibility of auto-intoxication, with the probability that it was alcoholic in its origin, as the patient was an alcoholic, and the liver was in a condition of fatty degeneration.